

Relationship between the Level of Parent's Knowledge about Complete Basic Immunization in Children with Complete Basic Immunization

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Abstract: Every year >1.4 million child die due to some of various diseases that actually can be prevent by immunization. Immunization is an effort by giving immunity to prevent infectious diseases. Infant an toddlers are the most susceptible period to struck a disease. In a fact, there are many children who have uncomplete basic immunization so this research has been done to know the correlation between the level of parents knowledge and the completeness status of their children basic immunization. The parents knowledge and comprehension of the important of basic immunization helps their children to get complete basic immunization. This research is descriptive research with cross sectional. The statistical population and sample are parents that escort their children aged 1-5 year old to posyandu in Dinoyo primary helath care working area and also fulfill the inclusion criteria. Sample has been taken by using cluster sampling method with 98 respondents and by using research instrument in the form of questionnaire with Guttman scale which given to parents for observe the level of parents knowledge about basic immunization and to know the status of their children basic immunization. The questionnaire validity had been assesment by approval the content of the validity and Cronbach's alpha questionnaire realibilty with level of knowledge 0.927. Questionnaire analyzed by using SPSS Version 18. The result of this research show that the majority of the respondents (61 parents) have a good level in knowledgement of basic immunization with 16 children have uncomplete basic immunization and 45 children have complete basic immunization. With the result of this research, the health workers expected be more active to give counseling and information about basic immunization to the society and parents expected to improve a knowledgement of basic immunization with more actively looking for counseling and information from health worker about basic immunization.

Key words: The level of knowledgement, basic immunization, children, health, counseling

INTRODUCTION

Every year >1.4 million children die due to various diseases that actually can be prevent by immunization (PD31): TBC, diptheria, polio, tetanus, hepatitis B, pertusis, measles, polio, meningitis. Immunization is an effort by giving an immunity to prevent infectious diseases. Immunization give to a population that consider susceptible infected by dangerous infectious diseases like infant, toddlers, children, woman in childbearing age and pregnant woman. Infant and toddlers are the most susceptible period to get infected by various virus and diseases (Hamidin, 2014). In an implementation of basic immunization program, there are many children that have uncomplete basic immunization. There are many factor that leads children have uncomplete basic immunization, according to that fact, the role of parents become

important because the comprehension of the important basic immunization and the knowledgement of giving basic immunization (Saragih, 2011).

MATERIALS AND METHODS

This research uses descriptive method with cross-sectional. The research instrument uses written questionnaire with Gutman scale. The inclusion criteria is parents that escort their children to posyandu in Dinoyo primary health care working area, parents that have children aged 1-5 years old can read and have been made agreement to be respondent of this research. Sample takes by using cluster sampling and there are 98 respondents. The research had been held on September 2016 in the 6 places, Taman Posyandu Cempaka RW.01 Kelurahan Dinoyo, Posyandu Melati RW.II Kelurahan

Ketawanggede, Posyandu Summersari RW.I Kelurahan Summersari, Posyandu Anggrek RW.V Kelurahan Tunggulwulung, Posyandu Anggrek RW.05 Kelurahan Merjosari, Posyandu Anggrek RW.V Kelurahan Tlogomas (Research At Posyandu (Secondary Health Care For Children). In The Dinoyo Primary Health Care Working Area, Lowokwaru District, Malang City).

There are three part in the questionnaire; demography characteristic, the children basic immunization status and 25 questions about basic immunization. The validity of the questionnaire had been test by approval of the questionnaire content that tesetd to the citizen which the research population with Cronbarch's alpha coefficient 0.927 by using SPSS Windows 18 Version.

RESULTS AND DISCUSSION

The result of this research shows that the majority of the parents (61 people) have the good criteria in a knowledgement of basic immunization (62%) with their children (16 children) have uncomplete basic immunization status (16%) the result shows that the good criteria of parents knowledgement about basic immunization is not the primary factor that influence the completeness of basic immunization on their children.

Parents who graduate from university or have bachelor degree status, some of their children have uncomplete basic immunization, compare with parents that have primary education or graduate form elementary school which is all of their children have complete basic immunization. So the parents that have primary education level nor have bachelor degree do not influence the completeness of their children basic immunization because the parents who have high education level (bachelor degree) their children still have uncomplete basic immunization status while the parents who have primary education level their children that have uncomplete basic immunization status. So in this case, conviction and social culture in the society can influence the knowledgement that will become fundamental of their behavior and make the basic immunization for their children complete. Job is a factor that influence the parent's knowledgement In this research, the highest percentage of children that have uncompleteness basic information is children who their parents are housewives. Wawan and Dewi (2010) explain that someone who research will get more information from their partner or their environment.

We can get knowledgement from everywhere from 98 parents who are be the respondents in Dinoyo primary health care working area, there are some of them that never got anyinformation about basic immunization but that fact does not have any effect to the completeness of their children basic immunization. While parents who get

Table 1. The frequency distribution of the respondents characteristic

Characteristic/categories	Frequency (people)	Percentage
Gender		
Female	93	95
Male	5	5
Education		
Elementary school	3	3
Junior high school	29	30
Senior high school	46	47
Undergraduate	20	20
Job		
Housewife	83	81
Entrepreneur	16	16
Employee	1	1

information from posyandu health worker and primary health care worker, they have a highest precentage of their children basic immunization. While parents who get information from posyandu health worker and primary health care worker, they have a highest precentage of uncompleteness of their children basic immunization. Makamban *et al.* (2014) at his research said that the role of health worker, good or not, during the immunization time will not influence parents to complete their children basic immunization because during the immunization time, the health worker does not give a complete information about the goal of immunization or other information about immunization to the parents unless the parents actively ask to them. Menkes (2013) explains that before the implementation of immunization, the health worker must give the complete information about vaccine, its administration, its benefit and side effect that may occur or the post immunization effect. Parents can still obtain a knowledgement from their experience even though they never get anyinformation from other source before so, parents still have a good knowledgement and their children have a complete basic immunization and it also happens because their own awarness about their children health with or without the health worker role they still give their children complete basic immunization.

In this research, parents has been said that they get an information about the complete basic information from their own experience, Mahmudah and Susilowati explain that experience can be used as an effort to get an information by repeating their experience that they get to solve their problem in the past.

In this research, although parents have more than one children and to be expected have more knowledgement from their experience about basic immunization, evidently most of their children have uncomplete basic immunization. Istriyati explains in her research that usually there are no correlation between the number of children and status of immunization but the level of the knowledgement and information that the parents get, more influence to the status of the children basic immunization status (Table 1-3). In the

Table 2: The frequency distribution variabel on the children basic immunization completeness; completeness complete basic immunization in children

Variables	Uncomplete		Complete		Total	
	Σ	Percentage	Σ	Percentage	Σ	Percentage
Education						
Elementary school	0	0.00	3	03.0	3	3
Junior high school	11	11.0	18	18.0	29	30
Senior high school	10	10.0	36	37.0	46	47
Undergraduate	8	08.0	12	12.0	20	20
Job						
Housewife	23	24.0	58	59.0	81	83
Entrepreneur	1	01.0	0	00.0	1	1
Employee	5	05.0	11	11.0	16	16
Ever get basic immunization information						
Yes	25	26.0	51	52.0	76	78
No	4	04.0	18	18.0	22	22
The source of information that had been gotten before						
Nothing	4	04.0	18	18.0	22	22
Parents	0	00.0	2	02.0	2	2
Health worker dan kader posyandu	17	17.0	31	32.0	48	49
Television	0	00.0	2	02.0	2	2
Friends	0	00.0	1	01.0	1	1
More Than 1 Informan	8	08.0	15	15.0	23	24
The distance between home with immunization place						
Near	21	21.0	57	58.0	78	80
Far	8	08.0	12	12.0	20	20
The number of children from the respondents						
1	10	10.2	32	32.7	42	43
2	13	13.3	26	26.5	39	40
3	6	06.1	10	10.2	16	16
4	0	00.0	1	01.0	1	1

Table 3: The frequency distribution of parents knowledge level with basic immunization completeness; the completeness of children basic immunization

The Level of knowledgement	Uncomplete		Complete		Total	
	Σ	Percentage	Σ	Percentage	Σ	Percentage
Good	16	16	45	46	61	62
Sufficient	11	11	20	20	31	32
Poorly	2	2	3	3	5	5
Not Good	0	0	1	1	1	1
Total	29	30	69	70	98	100

implementation of immunization, parents tend to choose the nearest location from their house because around their house there are many health center like posyandu, primary health care or private health care, it makes parents can easily access immunization location.

Although, the immunization location is near their house, most of their have uncomplete basic immunization. Many parents choose to use private transportation to access immunization location. This result appropriate to research that had been done by Rahmawati and Umbul (2014) they explaine that parents do not interest to give their children immunization in a place that far from their house and parents that has a house near the immunization location usually have children with complete basic immunization status. In her research. Widiastuti explains that factor which influence the administration of complete basic immunization is the knowledgement of parents, the distance between house with immunization place and the support of public figure around them. But the most influence factor is the knowledgment of parents.

Most of parents choose midwife practice place as a location of their children immunization because parents

think that midwife has been knew about mother medical record during their pregnancy and their children medical record since they born and also they already accustome to check mother and children health in midwife practice. The rest of respondents choose primary health care because its more affordable in cost for people than the respondent that choose take their children immunization in hospital and respondents that choose take their children immunization in medical specialist which more expensive in cost and just some respondents that choose posyandu (secondary healt service for children) because an implementation of immunization in posyandu does not available in every month. With the fact that there are many health service in Dinoyo primary health care working area, people are free to choosing the place for their children to complete their children basic immunization. Dinoyo primary health care provides immunization service in the evening, after hours (outside their work time), in the emergency room at 16.00-20.00 WIB so people that busy to work in the morning and evening, can give their children easily. From the research, the type of basic immunization that has highest rate of

completeness is BCG immunization (96 children or 98% have complete immunization and 2 children or 2% have incomplete immunization) while the lowest rate of completeness is measles immunization (28 children or 29% get complete measles immunization from 70 children or 71% children that get measles immunization).

Febriana (2008) explains that the incomplete rate of measles immunization is caused by the lack of parents information about the schedule of measles immunization (66.7%) and the fear of side effect that usually occur in children like fever (16.7%). So, with the high of complete rate of basic immunization in Dinoyo primary health care working area makes the probability of infectious or dangerous diseases can be prevented by basic immunization. At the data of disease case (PD3I) in the Dinoyo primary health care in the 2014, there are 45 cases of diphtheria and 2 cases of measles while in the 2015 there are 13 cases of TBC and 12 cases of measles. Parents expected more active at the implementation of basic immunization, with complete their children basic immunization.

Sundoko *et al.* (2015) explain that parents have a big role to increase the health of family member and decrease the risk factor of disease or other health problem that can be obtained to their family especially their children. Notoatmodjo (2003) explains that knowledge is the domain factor which very important for make a someone habit.

CONCLUSION

This research is conducted to observe the correlation between parent's knowledge about basic immunization with the completeness of their children basic immunization. the level of parents knowledge, good or not, is not influence of the completeness of their children basic immunization because there are many other factor that influence the completeness of children basic immunization. that factor is experience, education of parents, job and information or mass media.

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